PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  1000647												07
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL	
TOTAL CLAIMS							R	ATE	FEE	OR 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. 8		T <sub>x</sub>	X\$ 9=		1	X\$18=	
INDEPENDENT CLAIMS			Z minus 3 =		. (8				<del></del>	OR		
ML	ILTIPLE DEPE	NDENT CLAIM P	<u> </u>				X42=		ļ	OR	X84=	
							+1	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TC	TOTAL		OR	TOTAL	701)	
CLAIMS AS AMENDED - PART II										4	OTHER	THAN
			(Column 2) (Column 3)			SMALL			OR	SMALL	ENTITY	
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	R.	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 13	Minus	** Z	d	= /	X	9=		OR	X\$18=	/
	Independent	. 3	Minus	***	5	2	X.	2=		00	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM				<del> </del>	OR		/
								40=.		OR	+280=	/
								OTAL . FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	BER	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 13	Minus	* 2	10	- /	X\$	9=		OR	X\$18=	
	Independent	• 3	Minus	***	3	= /	X4	2=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		OR	701-	/_
							+14	0=		OR	+280=	
							ADDIT	OTAL FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$	q_		<u> </u>	X\$18=	1 22
	Independent	•	Minus	***		= = = = = = = = = = = = = = = = = = = =				OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X4	<b>/=</b>		OR	X84=	
+140=										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT, FEE	
***	t the "Highest Nu The "Highest Nurr	mber Previously Pa ober Previously Paid	id For IN THI I For (Total o	S SPACE is Independe	less thant) is the	n 3, enter "3." highest number		-	propriate box			

**Application or Docket Number**